

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 24 1932

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

723

1. PLACE OF DEATH

39 County Mo. Monroe
Township Brookline
City Brookline (No.)

Registration District No. 317
Primary Registration District No. 5441

File No.
Registered No.
St. Ward

2. FULL NAME Charles Lee Houser

(a) Residence. No. 1010 W. Hale St. Springfield, Mo.
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Augusta Sutton</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 7 1903</u>		
7. AGE <u>28</u>	YEARS <u>5</u>	MONTHS <u>25</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer		

Officer 184
Jan 172

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Walter Houser</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	12. MAIDEN NAME OF MOTHER <u>Maud Wall</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>

14. INFORMANT Jud Houser
(Address) 504 S. Broadway

15. FILED 1-6 1932 V. W. Shover
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 2 1932

17. I HEREBY CERTIFY, That I attended deceased from 19 to 19
that I last saw him live on Jan 3, 1932 and that death occurred, on the date stated above, at 4 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bleed wound of head
Homicide
Shot in line of duty 7-8 miles
5-west of Springfield, Mo. (duration) yrs. mos. ds.
CONTRIBUTORY No physician in attendance
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH home
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? (H)

(Signed) hmm C. Stan Carson, M. D.
1-4, 1931 (Address) Springfield, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL MT Hope Replian DATE OF BURIAL Jan 7 1932

20. UNDERTAKER Floyd W. Fox ADDRESS 634 W. Water

